

MDOC OFFICE USE ONLY:	Probation Number:	Supervision Begin Date:	Probation Office:
		Supervision End Date:	PV w/New Sentence Date:

MICHIGAN DEPARTMENT OF CORRECTIONS

APPLICATION FOR PROBATION REGISTRATION FORM

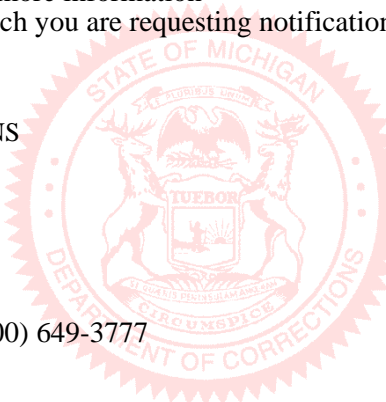
This form should be forwarded to the Department of Corrections **AFTER** the defendant has been sentenced to probation. Once the MDOC has received your request, we will send you a letter of acknowledgment.

NOTE: As a registered victim of a probation case, the **ONLY** notification you will receive is if the offender's probation is revoked and a prison sentence is imposed.

- Contact Crime Victim Services with questions 8 a.m.-5 p.m. Monday through Friday
- Visit www.michigan.gov/corrections for more information
- If there is more than one offender for which you are requesting notification, submit a separate form for each offender

Please mail your request to:

MICHIGAN DEPARTMENT OF CORRECTIONS
CRIME VICTIM SERVICES
P.O. BOX 30003
LANSING, MI 48909
(517) 373-4467 LOCAL
(877) 886-5401 TOLL-FREE
(517) 241-0536 FAX
For TTY: Contact Michigan Relay Center (800) 649-3777



MDOC Office Use Only	
Date Received:	_____
Verified Relationship:	_____
Date Entered in System:	_____
Michigan Department of Corrections Crime Victim Services	

(Please **PRINT** clearly)

OFFENDER INFORMATION: Please provide as much information as possible

Offender Name: (Last, First, M.)		Probation #:	
Date of Birth:	Race:	Gender:	
Court Case #:	Sentencing County:	Sentencing Date:	
Offense Convicted of:			

VICTIM INFORMATION:

Victim Name: (Last, First, M.)		Is/was the Victim a minor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		DOB of Minor Victim: / /	
Person to receive notification, if other than the victim: (Last, First, M.)			
If other than victim, please state relationship to victim:			
Mailing Address:		City:	State:
Zip Code:	Primary Phone: ()	Secondary Phone: ()	
What, if any, is your relationship to the offender in this case?			

Are you currently being threatened by the defendant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you currently have a Personal Protection Order against the above prisoner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SIGNATURE REQUIRED

Signature of Person Requesting Notification:	Date:
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CONFIDENTIAL AND EXEMPT UNDER FREEDOM OF INFORMATION ACT